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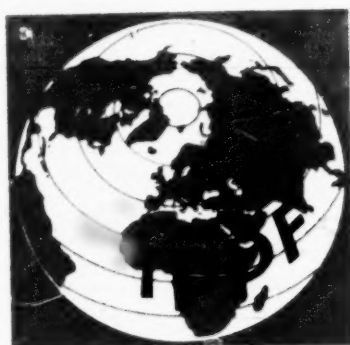
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ABSTRACT

Data relating to population and family planning in eight foreign countries are presented in these situation reports. Countries included are Dominican Republic, Ethiopia, Gilbert and Ellice Islands, Laos, Liberia, Republic of Vietnam, Seychelles, and Tahiti (French Polynesia). Information is provided, where appropriate and available, under two topics: general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)



Situation Report

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Country DOMINICAN REPUBLIC

Date OCTOBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

ED0 56910

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			48,734 sq.kms. ¹
Total population	2,135,872 ²	3,047,070 ²	4,011,539 (1970) ³
Population growth rate		3.6%(1963-69) ²	3.0%(1970) ³
Birth rate	37.2 ²	48-50 ²	33-35 per 1,000 (1970) ³
Death rate		15-17 (1961) ²	6.6. per 1,000 (1969) ²
Infant mortality rate		102.3(1961) ²	72.6 per 1,000 (1968) ²
Women in fertile age group (15-49yrs)		666,530 ²	940,000 (1970) ⁴
Population under 15		40%	47.6% (1970) ⁴
Urban population			40% (1970) ³
GNP per capita			US\$290 (1968) ⁵
GNP per capita growth rate			0.5% (1961-68) ⁵
Population per doctor			2,100 (1969) ⁶
Population per hospital bed			384 (1969) ⁶

1. United Nations Statistical Yearbook, 1970.

2. United Nations Demographic Yearbook, 1969, and others.

3. Preliminary results of the 1970 census, reported in the Boletín of the Asociación Dominicana Pro-Bienestar de la Familia, October 1970.

4. Estimates from basic data of CELADE: Boletín Demografico, Year 2, No.4, Santiago de Chile, July 1969.

5. World Bank Atlas, IBRD 1970.

6. Fourth Report on the World Health Situation, 1965-68. Official Records of the WHO, no.193, WHO June, 1971.

SE 012 773

I. GENERAL BACKGROUND

The Dominican Republic occupies the eastern part of the island of Hispaniola. There has been a high rate of population growth over the past few decades, slightly mitigated in the 1960s by the emigration during that period of 84,432 persons, many of whom were in the 20 to 40 years' age group with generally low mortality and high fertility. Although the population is still predominantly rural the urban population has grown more rapidly than the rural over the past few years. In 1960, for example, there were 7 cities with over 20,000 inhabitants and 2 cities with over 30,000 inhabitants. By 1970, the number had risen to 14 and 9 cities respectively.

The Family Planning Association points out that the given official rates for births, deaths, and infant mortality may be considerably lower than the real rates as there is widespread under-registration.

Ethnic

70% Mulatto, 15% Negro, 15% hite (1950).

Language

Spanish: very small minorities speak French or English.

Religion

The majority of the population are Roman Catholic.

Economy

Agricultural products form the main exports, in particular sugar for which the USA is the chief market. Other exports include cocoa, coffee, and tobacco. Small-scale manufacturing covers a wide range of consumer goods. Mineral resources are being developed, in particular nickel. However, average living standards are low and an estimated 86% of the population live at subsistence level.

Communications/Education

As over 75% of the railway network is used solely for transporting sugar, roads are the main form of communication. There are internal and international air services.

In 1969 there were 6 daily newspapers (32 per 1,000 inhabitants), 160,000 radio and 100,000 television receivers.

Primary education is free and compulsory between the ages of 7 and 14 years when it is available. In 1967 there were 644,971 pupils in primary education, and 79,440 pupils in secondary education.⁸ There are three universities.

7. Report by the Asociacion Dominicana- Pro-Bienestar de la Familia, October 1969.

8. UNESCO Statistical Yearbook, 1969.

Medical/Social Welfare

The lack of organization and the inadequate staffing of the health services are the result of undercapitalization and shortage of training facilities. From 1969-1972 the Government is carrying out a programme with USAID assistance to build and modernize hospitals, health sub-centres, and rural clinics. The project also includes a training programme for health personnel.

II. FAMILY PLANNING SITUATION

There is an official family planning programme, initiated in 1968. The private Family Planning Association is represented on the National Council for Population and the Family and its contributions to and responsibilities within the programme are defined in relation to the Government.

Attitudes

There is strong government support for family planning and an active official programme. In 1970, the re-elected President reaffirmed his support for both the official and private family planning programmes. Several sectors of the community are represented on the National Council for Population and the Family, which includes representatives of the private sector as well as various government departments.

There is no open Roman Catholic opposition to family planning. The Church hierarchy accepted the teachings of the Papal Encyclical of 1968 but the matter has remained open for discussion and some members of the clergy are concerned to promote sex education. However, the fact that a large number of hospital nurses are Catholic nuns makes it difficult for the family planning programme to rely on their full cooperation.

Legislation

In July 1970, a Presidential decree removed all import duties from chemical products and contraceptive objects. The maximum retail prices for these products are to be fixed by the Secretariat of Public Health and the General Board of Price Control.

Abortion is illegal.

Family Planning AssociationHistory

The first family planning activities in the Dominican Republic were sponsored by the Social Action Council of the Dominican Evangelist Church in 1963, and by 1965 an IUD service was being organized in a private clinic. In 1966, the Dominican Family Welfare Association was formally established by the same group and carried out a service programme in 26 localities, with the help of private doctors. In 1968 the Association received IPPF assistance for the first time and in the same year began to cooperate with the newly established National Council for Population and the Family. The Association is a member of the IPPF.

Address

Asociación Dominicana Pro-Bienestar de
la Familia, Inc.,
30 de Marzo, no. 52,
Apartado 1053,
Santo Domingo, D.N.,
República Dominicana.

Personnel:

President: Dr. Vinicio Calventi
Executive Director: Dr. Orestes Cucurullo

Services

After the initiation of a national programme in 1968 the Association continued to run the Los Minas family planning clinic in Santo Domingo which it had opened in July 1965. The Association is responsible for staff, supplies and running expenses. The clinic opens four hours a day for five days a week and offers a wide range of contraceptive methods. A total of 1,718 new acceptors were served in 1970 of whom 422 used oral contraceptives, 503 the IUD, 319 spermicides, and 474 other methods. There were 11,633 follow-up visits in 1970, and from July 1965 to the end of 1970 a total of 10,212 acceptors had been registered.

The Association is continuing to operate this clinic in 1971 and will do so in 1972 although eventually it is planned to transfer it to the national programme.

A cancer detection service is available; the Los Minas clinic took 1,042 Pap smears in 1970.

Information and Education

In the agreement between the Government and the Association the latter is assigned the responsibility for information and education activities. The Association is increasingly directing its programme in this field towards the use of the mass media in order to reach the general public more effectively.

At the local and community level, the Association organizes talks for clinic patients, other group meetings, talks, and film shows for members of the general public, and short educational seminars and round-table discussions for community leaders, including university staff, the medical profession and journalists. But with the need to reach a wider audience, particularly in rural areas, the radio is becoming of major importance. The Association produces 30-second radio tapes and has them broadcast daily over 20 radio stations. In 1970 it taped two weekly half-hour programmes which were broadcast nationally by the National Council for Population and the Family. It is planned to continue and intensify the radio spot campaign in 1971-72 with the backing of cinema advertisements, posters, the distribution of literature and, in 1972, the programme of a new team within the Association's Department of Social Service which is to include field Promoters and clinic Motivators. At present the Department employs four full-time field-workers who follow-up drop out patients, motivate male and female groups, and collect statistical and clinical data.

In 1972, the field-workers are to collaborate in the evaluation of the mass media programme which will be carried out by Cornell University.

Training

Under the agreement of the Government's National Council for Population and the Family, all training of medical and paramedical personnel is conducted jointly. The Association supports the technical staff at the Dr. Moscoso Puella Hospital in Santo Domingo where a jointly administered Training Centre operates, based on the family planning clinic run by the official programme within the hospital. Training courses are conducted both here and at the Association's offices. Four two-week courses are held each year. In 1970, 166 trainees took part, including doctors, nurses, auxiliaries, and social workers. The majority were from the government programme and a very small number from the Armed Forces and the Association.

Government

History

In December 1967 the President of the Dominican Republic was one of the heads of State who signed the UN Declaration on Population. This public declaration of concern for population problems took on a positive form when early in 1968, the Government created by decree a National Council for Population and the Family under the jurisdiction of the Ministry of Health. The Council consists of representatives of several government departments and of the private sector through the Family Planning Association, and it is responsible for designing and carrying out a nation-wide programme in which family planning services are incorporated into the maternal and child health care services. One objective of the national Five Year Plan (1969-1973) is to reduce the country's birth rate but it is also concerned to reduce infant mortality and to improve the medical care, and the general health level of mothers and children.

The government programme is mainly financed by USAID which is also assisting the development of a comprehensive maternal and child health care system through the aid programme to which reference has already been made.

Services

Under the agreement with the private Association the Government is responsible for the provision of medical/clinical services. The official programme operates 36 family planning clinics in government hospitals and public health clinics. In 1970, 3 mobile clinics were received from the UK Ministry of Overseas Development and they are used to bring family planning services to the more remote rural areas.

The Government operates a Cytology Centre in Santo Domingo to serve clinics in the capital and in the provinces. The Association pays the salaries of a pathologist and of a cytotechnician and the Government covers all other costs.

Training

The training programme is run jointly with the private Association.

Other organisationsInstituto Nacional de Estudios Sexuales (National Institute for Sex Studies)

The Institute was formally established in 1969 by a group of private citizens including doctors, lawyers, and social workers, under the chairmanship of a Catholic priest. It carries out a wide range of activities to promote sex education, including the organization of courses for young people, parents and teachers.

Other sources

- the Europa Yearbook, Vol.II, 1971
- Annual Report of the Asociación Dominicana Pro-Bienestar de la Familia to the IPPF, for 1970.
- Budget proposal submitted for 1972 by the Asociación Dominicana Pro-Bienestar de la Familia to the IPPF.
- Boletín de la Asociación Dominicana Pro-Bienestar de la Familia.



Situation Report

Distribution*

Country **ETHIOPIA**

Date **DECEMBER 1971**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,221,900 sq.kms.
Total population		20,700,000	24,319,000 (1970) ¹
Population growth rate			2.5% (1970) ¹
Birth Rate			40 per 1,000 (1969) ¹
Death Rate			23 per 1,000 (1967) ¹
Infant mortality rate			180 per 1,000 (1969) ¹
Women in fertile age (15-44)			5,380,800 (1967) ²
Population under 15			45.3% (1970) ¹
Urban population			6.6% (1970) ³
GNP per capita			US\$70 (1968) ⁴
GNP per capita growth rate			2.6% (1961-68) ⁴
Population per doctor			71,790 (1969) ⁵
Population per hospital bed			2,576 (1969) ⁵

1) Local estimate

2) UN Demographic Yearbook 1969

3) Kingsley Davis, World Urbanisation 1950-70.

4) World Bank Atlas 1970

5) UN Statistical Yearbook 1970

*This Report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Ethiopia is one of the few African states without a significant colonial history. The country has been a constitutional monarchy since 1931. Hailie Selassie I, who has been Emperor since 1930, shares political power with a bicameral parliament. There are no political parties.

The first national population sample survey carried out in 1970 recorded 179 towns of over 2,000 inhabitants, and 795,900 people in the capital, Addis Ababa. The overall density is 19.9 people per square kilometre.

Addis Ababa is the headquarters of the Economic Commission for Africa and the Organisation for African Unity.

Ethnic Groups

The Amhara and Tigreans are the dominant racial groups. About 40% of the population are Gallas, a pastoral and agricultural people. The Ogaden, Issa and other Somalis predominate in the south-east. In the south-west there are several Nilotic groups, and in the south some Bantu peoples.

Languages

The official language is Amharic, but English is widely spoken. There are many other local languages and dialects.

Religion

The majority of the population, 55%, are Christian Copts. 35% are Muslim and 10% animists.

Economy

The economy is primarily agricultural and over 90% of the population is engaged in agriculture. In the south there are extensive rangelands and there is a large cattle population, estimated at about 26 million head. Industrial development is very much in the initial stage, although rapid growth rates have recently been achieved. Most manufacturing is confined to the consumption industries, such as food processing, beverages and clothing. Manufacturing contributed about 4% to GDP and employed less than 60,000 people in 1967. The economy is heavily dependent on coffee, and almost all exports are agricultural products. There are some minerals but they have only recently begun to be exploited. Potash may be exported by the end of 1973.

Main exports in 1970 in order of importance were: coffee, oil seeds, hides and skins, cereals and pulses.

Communication/Education

Newspapers:	1.07 copies per 1,000 people (1970)
Cinema:	0.86 seats per 1,000 people (1970)
Radio:	19.8 sets per 1,000 people (1970)
Television:	0.2 sets per 1,000 people (1970)

Nearly 90% of the population is inaccessible at certain times of the year. The road system is not extensive, and the main need is for feeder and access roads to the main highways. There are 46 civil airports and 25 minor landing strips. For several provincial towns airlines offer the only reasonable access. There are three ports on the Red Sea coast.

School enrolment

1967 primary: 409,710 secondary: 60,312 university: 3,096

About 16% of primary and 3% of secondary school-age children go to school. Education is free, and the Government is spending 17% of its budget on education, but this amounts to just over £14 million.

Medical

Health facilities are poor outside Addis Ababa. Half the country's doctors and nurses are concentrated in the capital. Venereal disease is widespread.

Life expectancy is about 35 years. It is thought that almost 60% of infant mortality (180 per 1,000) occurs during the first two months after birth.

FAMILY PLANNING SITUATION

Family planning advice is available from about 40 locations, including 6 clinics in Addis Ababa and three in Asmara run by the Family Guidance Association (FGA), six other clinics or hospitals in Addis, and 12 clinics and hospitals in the provinces which are supplied with contraceptives from the FGA. The FGA has had contact with some other hospitals and clinics as well as private doctors, but information about their activities is lacking.

Government

The Government approach to family planning is cautious, although it does not object to family planning as part of MCH, and there is no legal restriction on the sale of contraceptives. Family planning publicity is still prohibited.

History

The Family Guidance Association, founded in 1966, is part of the Haile Selassie I Foundation. Clinic services were started in that year at St. Paul's Hospital in Addis Ababa. In January 1969, Dr. Mario Felszer was seconded as IPPF representative to the Foundation in order to extend and coordinate the FGA's programme. A considerable expansion took place in the following two years. Dr. Felszer, the Medical Director, left at the end of 1970, and the position remains unfilled.

The FGA became a member of IPPF in 1971.

Family Planning Association

Family Guidance Association,
Haile Selassie I Foundation,
P.O. Box 704,
Addis Ababa,
Ethiopia.

Tel: 47025-27

Personnel

Chairman: Ato Shimelis Adugna,
Administrator of Road Transport,
Ministry of Post, Telegraph
and Communications.

Vice-Chairman: Dr. Hudad Kidanmarien,
Ministry of Public Health

Organising
Secretary: Sister Ijigayehu Nega

Services

In 1970, 22 clinic returns were made to the FGA, recording a total of 10,528 contraceptive client visits, of which 3,209 were new acceptors. Well over half chose the oral pill, followed by the IUD, and 775 patients taking three-monthly injections.

226 infertility cases were seen and a number of gynaecological check-ups carried out. Prospective IUD clients are examined for venereal disease before insertion.

In 1972 of the 9 clinics which will be operated by the FGA in Addis and Asmara a staff of 18 hope to cope with 2,000 patients per month. It is also hoped to bring a mobile clinic into operation, and offer papanicolaou tests in all FGA clinics in 1972.

In Addis Ababa, the FGA runs 6 clinics at Addis Ketema, Yeka, Gullelie, Ledeta, Aware and Arada, while 3 other centres are visited by FGA staff for motivational purposes. Clinics are held in rent-free premises provided by the municipality or the municipality and SIDA combined, with one in a community centre. Clinic sessions range from 2 to 5 per week. Follow-up in Addis is difficult because of lack of street names and numbers.

Education/Information

Educational work is hampered by the restriction on publicity, but the FGA is hopeful that films shows of a motivational nature will be allowed in the near future. IPPF leaflets on contraceptive methods and maternal and child health have been translated into Amharic and are distributed in clinics.

During his term as Medical Director, Dr. Felszer gave frequent lectures to medical personnel, and family planning education has been included within the curriculum of medical students.

Training

No formal training courses are conducted by FGA, but student nurses have received training at some clinics on methods of contraception, interviewing techniques and child spacing.

In 1969, 7 doctors and 30 paramedicals attended training courses at the Family Welfare Centre in Nairobi.

Plans to inaugurate formal training schemes for medical, paramedical and auxiliary workers are delayed until the appointment of a new Medical Director.

Plans

Plans for 1972 include an expanded and formalized training scheme, the provision of papanicolaou tests in FGA clinics and the setting up of a mobile clinic. The more general aim is to integrate family planning activities into existing mother and child health services. It is also expected that the FGA will become completely separate from the Haile Selassie I Foundation.

A new medical director should be appointed in 1972.

Research

The Population Council is currently financing a KAP study being carried out by three departments of the Haile Selassie I University. Dr. Felszer helped prepare the proposals for this study, which commenced at the end of 1969.

OTHER ORGANISATIONS

IPPF gives an annual grant to the FGA.

SIDA has a considerable aid programme in Ethiopia which includes family planning. Two clinics in Addis Ababa are supported by SIDA.

USAID support the FGA's programme.

Population Council is supporting a KAP study being carried out by the Haile Selassie I University.

Pathfinder Fund has contributed funds and contraceptives.

Church World Service has given assistance under its Planned Parenthood Programme.

SOURCES

Family Guidance Association of Ethiopia Annual Report 1970.

Family Guidance Association of Ethiopia Budget for 1972.

UN Statistical Yearbook 1970.

UN Demographic Yearbook 1969.

Europa Yearbook 1971.



Situation Report

Distribution LIMITED

Country GILBERT AND ELLICE ISLANDS Date NOVEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			549 sq. kms.*
Total Population	38,000	46,000	54,000 (1969) ⁺
Population Growth Rate			2.9% (1963-69 average) ⁺
Birth Rate	34.1	36.6	23.8 per 1,000 (1965) ⁺
Death Rate	15.8	10.4	7.4 per 1,000 (1965) ⁺
Infant Mortality Rate	221	130(1964)	124.3 per 1,000 (1965) ⁺
Women in Fertile Age Group (15-44yrs)			10,614(1968) ⁺
Population under 15			45%
Urban Population			n.a.
GNP per capita			400 US\$ (1968) ⁺
GNP per capita Growth Rate			-1.9% (1961-68 average) ⁺
Population per Doctor			1,860 (1969) [*]
Population per Hospital Bed			110 (1969) [*]

† World Bank Atlas 1970

* UN Statistical Year Book 1970

+ UN Demographic Year Book 1969

GENERAL BACKGROUND

A British Colony covering a vast area of the South Pacific. There are 39 islands in all. Capital is Tarawa with a population of 8,750. Average size of each household is 5.5. The density is 64 per square kilometre. One fourth of the population live in South Tarawa island, and the remainder on the 38 outer islands. According to the survey carried out by the Family Planning Association the average age of marriage for girls is estimated to be about 16½ in the outer Gilbert Islands and 18 in the Ellice Islands.

Ethnic

Most of the inhabitants in the Gilbert Islands are of Micronesian stock and in the Ellice Islands of Polynesian stock. There are also a few hundred Europeans and Chinese.

Language

The main languages spoken are Gilbertese, Ellice and English. Official language is English.

Religion

All Christian sects are represented.

Economy

The rapid growth of population hampers economic development. The people of Gilbert and Ellice Islands maintain a reasonable standard of living only by intensive exploitation of the sea. Main exports are copra and phosphate.

Communications/Education

There is a government run radio station, over 14,000 radio receivers were in use in 1969, i.e., 250 per 1,000 inhabitants. There were also 2 cinemas with a seating capacity of 1,600. Primary education is free.

FAMILY PLANNING SITUATION

A Family Planning Association has recently been formed. The Government is developing family planning as part of Maternal and Child Health Services. Family Planning was included in the Three-year Development Plan in early 1970. The first priority was to cut the birth rate.

History

Family planning has been available on the islands for several years. The first attempts to introduce family planning relied primarily on foam tablets. This was a failure due to failure to research properly the cultural preferences of the people, for whom this method was unacceptable.

However, the Campaign received considerable impetus when Dr. Jan Crawford was recruited early in 1968 specifically for family planning work.

In 1969 Mr. John Pitchford was appointed Senior Health Education Officer (Family Planning) to the Gilbert and Ellice Islands came on attachment to IPPF for two weeks as part of his preparation for working in the colony.

Attitudes

The Association has completed the first part of a colony wide survey of the Outer islands and its findings show that most Outer island parents hope to have four children. 88.4% of Outer islanders seem to think family planning is a "good thing" and 95% say that their island is over crowded. Only 12% of the respondents thought that there should be no sex-education in the schools, the majority were in favour of it.

Family Planning Association Address

The Family Planning Association of Gilbert
and Ellice Islands,
Bikenibeu,
Tarawa,
Gilbert Islands,
Western Pacific.

Personnel:

President:	Dr. A. Marr
Vice-President:	Mr. A.G.M. Slatter
Secretary:	Mr. John Pitchford

History

The Association, which receives Government backing in many way, was formed in November 1969. Since then it has carried out intensive work in four phases. In the first phase, awareness was created amongst all inhabitants through intensive mass media campaigns - daily radio spots, documentary programmes, songs, weekly articles etc. The second phase of pre-testing and evaluation was concentrated in North Tabiteneia. During this period, different prototype Maneaba speeches, visual aids and written materials were tested. Experience of working with different groups, including the Island Council School, was also gained. Further testing was subsequently carried out on Urban Tarawa too. As a result of phase two, phase three evolved in adaptation and training. Emphasis shifted from the English-speaking opinion leaders to the non-English speaking target group. Two family planning seminars were organised for training purposes and for feedback of knowledge and attitudes. These helped to define the role of family planning workers. Following phase three, strong educational drive was undertaken. As a result, 587 new patients were recruited in July-September 1970, i.e. 25% of the total number of contraceptive users since the inception of the campaign. Ships are the main transport and on their use depends the success of the programme.

Close links are maintained with all governmental and non-governmental organisations concerned with social and economic development. The close cooperation with the non-conformist churches has helped to swing public opinion towards family planning.

Services

Family planning services are provided by the Medical Department through its hospital establishments and touring nurses who visit all the islands at least twice a year. Four full-time family planning nurses are responsible for North, Central and Southern Gilbert Islands and Ellice Islands. When available, nurses trained in IUD techniques are stationed permanently on Outer islands. Eventually it is hoped to staff all the main islands with MCH nurses.

The number of acceptors by methods, for the years 1966-1970, are as follows:

	IUD	Orals	Depo-Provera	Tub.Lit.	Rhythm	Coventional	Total
1966	97	69	-	-	-	-	166
1967	4	-	-	-	-	-	4
1968	321	240	-	4	-	19	574
1969	426	102	-	2	-	-	530
1970	722	446	58	-	10	3	1,239

New acceptors doubled during 1970. Total number of continuing contraceptive acceptors is 2,523 or about 21.7% of the estimated number of women aged 15-44. The peak age of acceptance has dropped from 30 in 1965-69 to the 20-24 age group in 1970.

Condoms have been distributed by health education and medical staff, and are sold for 12 cents for 20 in cooperative stores.

The IUD is the most popular method. In 1969, it was decided to allow specially trained nurses to insert IUDs. A trial of new, long-acting, progesterone derivative Depo-Provera, was started on Betio with success. Efforts are also being made to promote the rhythm method in Catholic areas.

Education/Information

The Association utilises mass-media and motivational material in its I&E campaign. Radio is most widely used with twice daily radio spots, several documentary programmes, a series of interviews, family planning sketches, family planning songs, etc. Family planning songs are the most effective means of motivational techniques and the three family planning songs have become very popular and are played two or three times daily over the radio. Song competitions are also organised. The Association has printed flip-charts, posters, 1 booklet in English, 2 booklets in Gilbertese, training manuals, several leaflets, printed slogans, regular articles in Colony Information papers, 3,000 family planning calendars, 50 car window stickers, hand-outs, etc.

The Association has produced 3 8mm cinefilms and 2 slide series. These are shown to wide audiences. Talks, discussions, and lectures are organised. A series of lectures were given at Tarawa Teachers' College, Tangintebu Theological College, Agricultural Training School, and institutions of the Sacred Heart Mission. Talks were given to women's Committees, Marine Training School, Police Training School, and many secondary schools.

For increasing awareness the Association organised a family planning slogan competition, Family Planning Island Night and designated 1971 as the Colony Family Planning Year.

Training

In 1969, 6 nurses and in 1970, 7 nurses were trained in IUD techniques. The aim is to have a trained staff Nurse resident on each major island, in addition to the four MCH/Family Planning touring nurses.

Two training seminars were held in June and July 1970, one in English and one in Gilbertese.

Other Organisations

U.K. Overseas Development Administration - in January 1970, provided a development aid grant.

WHO - A team, under WHO auspices, has been working to improve MCH service in the area.

SOURCES

- 1) UN Statistical Year Book 1970
- 2) UN Demographic Year Book 1969
- 3) Europa Year Book 1971
- 4) Annual Report of the Family Planning Association, March 1971
- 5) Family Planning Association of the Gilbert & Ellice Islands Newsletter No.8



Situation Report

Distribution

LIMITED

Country LAOS

Date NOVEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area	-	-	236,800 sq.kms.
Total Population	-	-	2,893,000 (1969)
Population Growth Rate	-	2.7%	2.4% p.a.(1963-69 av.)
Birth Rate	-	-	42 per 1000 (1970)
Death Rate	-	-	17 per 1000 (1970)
Infant Mortality Rate	-	-	n.a.
Women in Fertile Age Group (15-44yrs)	-	-	n.a.
Population under 15 yrs.	-	-	n.a.
Urban Population	-	-	n.a.
GNP per capita	-	\$59(1958)	US\$100 (1968)
GNP per capita growth rate	-	-	0.8% (1963-68)
Population per doctor	-	37,000	52,600 (1969)
Population per hospital bed	-	-	1500 (1969)

GENERAL BACKGROUND

Formerly part of French Indochina, Laos attained independence in 1949. The Royal Capital is Lunag Prabang with a population of 25,000 and the administrative capital is Vientiane with a population of 150,000. Sporadic warfare between Right, Neutralist and Left armies has continued since the second World War. Laos is a Constitutional Monarchy with the King as Head of State and Commander-in-Chief of the Army. Executive powers are exercised by the Prime Minister and Council of Ministers.

Population density is 12 people per sq.km. It is calculated that the population will be 4.4 million by 1985 and double itself in 28 years.

Ethnic Groups

The inhabitants belong to three racial groups: Thai, Indonesian mountain people and mountain people of Chinese origin. There are also Chinese (35,000) and Vietnamese (25,000) minorities.

Language

The official language is Lao, spoken by two-thirds of the population. French is the second official language, and there are several tribal languages.

Religion

The state religion adhered to by most Laotians is Hinayana Buddhism. There are some Christian and some animists.

Economy

Over 90% of the population is engaged in subsistence farming, using rudimentary techniques. Predominately wet rice. About 70,000 tons of rice have to be imported each year. Tin is the principal export, plus a few other minerals. Industrial development is at its very earliest stage, including the production of tobacco products and matches. The many essential imports are not balanced by the exports, so there is need for foreign financial aid to balance the trade deficit.

US \$1 = 500 Kip.

Communications/Education

The Government-owned radio broadcasts in Laotian, French and Vietnamese. In 1968 there were 100,000 radio sets. In 1967, there were 6 cinemas with a seating capacity of 3500. The annual attendance was 1.1 million.

There is a high illiteracy rate because of the civil war, but more recently educational facilities have improved and there is a three year compulsory education system. In 1968 the total enrolment was 208,000. College level schooling is now available and there are 6 teacher training institutes. Students continue to go to France for university education, until the establishment of the projected Sisavang Vong University.

Medical

Social Welfare: there is no state social service. In 1969 there were 30 hospital establishments, 55 physicians, 4 dentists, 4 pharmacists, 691 nurses and 131 midwives providing medical services.

FAMILY PLANNING SITUATION

An organisation was established in Vientiane in January 1969, with the help of Dr. Gore and under the sponsorship of 'The Lao Red Cross'. It was decided to name it 'The Family Welfare Association'. The first year of the FWA of Laos was one of consolidation in organisation and programme. Because of the critical political situation and lack of trained personnel, activities are centred around Vientiane, but it is hoped that through advertising and publicity, the villages can be reached. At present, few

doctors, midwives and nurses are trained in family planning. The Association receives a grant from IPPF.

Attitude

Until now the Government was not inclined towards family planning. In 1971, however, it has formed a Family Planning Commission to study the issue.

Legislation

The French anti-contraceptive legislation of the 1920s is still in the statute book.

History

In January 1969, the Family Welfare Association was formed under the auspices of the Red Cross. During the past four years Dr. Gore of the IPPF in Singapore visited Laos three times in 1966, 1968 and 1969, to discuss family planning with the government officials, with doctors and with other interested parties. In 1966, two medical personnel were sent for training to Singapore, and in 1968 other delegates were sent. Two members attended the Administrators Workshop in Bangkok in September 1971.

Family Planning Association

Address: Lao Family Welfare Association,
No. 408 Sam-San-Thai Road,
Vientiane,
Laos.

Personnel: Director: Dr. Maniso Abhay
Advisors: Miss Fry
Dr. Khamstone
In charge of Education, Information & Legal:
Mr. Samane
Training & Logistics:
Dr. Savenghe
Budget & Fiscal Affairs: Miss Sunthone

Services

In 1970, 6 part-time clinics were providing family planning services. They ranged from providing 5½ sessions to 1 session per week. 55 clinic hours were offered each week.

The clinics served 677 new acceptors of whom 365 accepted IUD, 220 oral contraceptives, 56 injectables and 36 condoms. There were also 1,212 revisits.

IUD is the choice of contraception in rural locations. In the city, the emphasis is shifting to pills.

Information and Education

The Association has 15 fieldworkers, who are government employed midwives working in villages. Information visits to villages are conducted by staff and clinics members on a monthly basis in different villages. Limited audio-visual aids are used. Information on general health care is provided to the villagers, along with the planned programme of information about family planning services.

Meetings for opinion leaders are conducted. A family planning film, borrowed from Thailand, is shown to patients and midwives in clinic areas.

Leaflets are produced and distributed by the Association in Lantian.

Training

The main feature has been the expansion of its training programme for midwives. In 1970, 70 midwives were trained for the Government. They provide the major task-force in the information area of the Association programme. Rural midwives, who were trained by the Association, are now required to prepare a monthly report on the population of their villages, which will include information on the number of women who practise contraception.

Plan

The Association plans to strengthen its administrative and staff position and to expand in-service training facilities for medical personnel and to extend Association activities into the provinces. A branch is planned to be established in Luang Prabang.

Government

A Government Family Planning Commission was established early in 1971. It is composed of important Government personnel and Heads of Various Government Departments. The report of the commission is awaited, and may result in a government policy declaration in favour of family planning.

Others

IPPF gives annual grants to the Association.

USAID has provided assistance for Health Services in Laos.

Sources

- 1) S.E. Asia Regional Report to IPPF, 1971.
- 2) Population Programme Assistance, USAID 1970.
- 3) Annual Report of the Family Welfare Association, 1970.
- 4) Europa Year Book 1971
- 5) UN Statistical Year Book 1970
- 6) UN Demographic Year Book 1960.



Situation Report

Distribution
LIMITED

Country LIBERIA

Date OCTOBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			111,369 sq.kms.
Total population		988,000	1,200,000 (1971)
Population growth rate			1.7% (1960-71)
Birth rate		44 per 1,000 (1962)	48 per 1,000 (1968)*
Death rate			28 per 1,000 (1968)*
Infant mortality rate			188 per 1,000 (1962)
Women of fertile age (15-44)			256,184 (1962)
Population under 15			37% (1962)
Urban population		13%	29.5% (1970)*
GNP per capita			\$220 (1969)
GNP per capita growth rate			0.7% (1961-68)
Population per doctor			13,000 (1969)
Population per hospital bed			500 (1967)

* Local estimate

GENERAL BACKGROUND

Unlike most other African countries Liberia was not colonized by a European power, but has maintained a traditional relationship with the United States ever since the first American Negroes settled there in the 1820s. A Harvard professor drew up Liberia's constitution in 1838. The country is a one-party state: the True Whig Party has ruled continuously since 1877. President Tubman's death in July 1971 ended 27 years of rule. He has been succeeded by William Tolbert. The country has an overall density of about 30 per square mile. The last (and first) census was in 1962.

ETHNIC GROUPS

Apart from the descendents of the American Negroes (c.3%), the principal tribal groups are the Mandingo, Gissi, Gola, Kpelle and Greboes. Anyone of Negro descent can settle in Liberia, but those of white descent are not able to obtain Liberian citizenship.

LANGUAGE

The official language is English. In addition there are some 28 local dialects and tribal languages.

RELIGION

Liberia is officially a Christian state. Baptism and Methodism have the most adherents, but the majority of Protestant sects are represented. Most Liberians, however, hold traditonal beliefs, and there is a Muslim minority.

ECONOMY

The vast majority of people live and work on the land. Iron ore or mining, rather than cash cropping, is Liberia's principal industry. The country is the main iron ore producer in Africa, producing over 21 million tons in 1969. Rubber is also important, but no secondary industries based on iron ore or rubber have been established as yet. Recent economic policy has encouraged foreign capital investment, and the situation where a very few foreign companies dominated is slowly changing.

Main exports in 1969 in order of importance were iron ore, rubber, diamonds and coffee.

COMMUNICATIONS/EDUCATION

Cinema	13.3 seats per 1,000 people (1970)
Radio	171 sets per 1,000 people (1970)
Television	6 sets per 1,000 people (1970)
Newspaper	7 copies per 1,000 people (1966)

There are two daily newspapers

School enrolment (1969): Primary - 130,309 Secondary - 15,000

There is one university. Education is provided by the state and religious institutions. It is estimated that over 90% of the population aged 10 and over is illiterate.

MEDICAL

There is one medical school. Medical facilities are not extensive.

FAMILY PLANNING SITUATION

The government supports family planning integrated in MCH services, but it favours an increase in the size of the population, and only a minority of patients attending the Family Planning Association of Liberia (FPAL)

clinics come for contraceptive advice. Family planning services are available in 3 FPAL clinics.

HISTORY

The Family Planning Association of Liberia was founded in 1956. The Association was reorganised in 1965, following the visits of Mrs. Rasmussen, a Danish midwife, and Mrs. McKinnon of the Pathfinder Fund. In 1966, President Tubman's attitude to family planning changed after a visit by the Association's President and Secretary, and the government has subsequently given cautious support to FPAL, for example, by making available clinic premises in Monrovia.

Visits sponsored by IPPF have played a part in promoting the acceptance of family planning. Dr. Guttmacher, then IPPF Medical Committee Chairman, visited in 1966, and a training team consisting of Mrs. Rasmussen and Dr. Peberdy, a British gynaecologist, paid a visit in 1967. The Association became an IPPF member in 1967.

LEGISLATION

There is no anti-contraceptive legislation. There is no duty on imported contraceptives and equipment.

FAMILY PLANNING ASSOCIATION ADDRESS

Family Planning Association of Liberia,
P.O. Box 938,
Monrovia,
Liberia.

Tel: 21699

PERSONNEL

Chairman: Mrs. Louise D. Alston
President: Mrs. Mae Maximore Keller
Administrative Secretary: Mr. William Hill

SERVICES

The FPAL now operates 3 clinics, 2 in the Monrovia area and 1 at Bomi Hills, a town situated 90 miles away near an iron mine. The main clinic in Monrovia, at 56 Broad Street, is open every day from 8 a.m. to 4 p.m. as well as 2 evenings per week. A clinic in the docks area of Monrovia was recently opened and operates once a week with staff and equipment from Broad Street. The Bomi Hills clinic functions twice a week.

In 1970 the Association saw a total of 18,057 patients, but only 4,217 came for family planning advice, and of these, 1,330 were new acceptors. The majority of people, 8,271 altogether, came for advice on nutrition, while 2,428 were infertility cases. The most popular form of contraceptive was the oral pill.

EDUCATION/INFORMATION

The Association's Information and Education Officer is responsible for the production of materials, including some 50 press releases which were used

in newspapers, radio and television. Television and radio were not used, however, for specific programmes. A press conference was held, attended by members of the Press Union of Liberia, aimed at explaining the objectives and activities of the Association. An exhibition was held during National Child Health Week in May 1970, and FPAL also organised a stall at the 75th birthday celebrations of President Tubman. Several thousand motivational leaflets were distributed. Two major problems reported are the high illiteracy rate and the expense of visual aids produced locally. In 1970 there were 11 fieldworkers, but it is proposed to reduce the number to 8 in 1972 together with an inspector and a supervisor as part of a plan to up-grade the work.

TRAINING

The FPAL held a training course for fieldworkers in March 1970, attended by 6 women and 4 men. The course consisted of 50 hours of theoretical work and 60 hours of practical work. Subjects taught covered family planning techniques, reproduction, sanitation and health, diseases, nutrition, the use of visual aids and instruction on conducting group meetings. A few lectures on family planning were given by FPAL personnel to nurses attending MCH courses.

PLANS

For several years FPAL has been negotiating with mining and rubber companies to extend activities into the medical facilities already provided by these companies for their employees and dependents. There are indications that FPAL may be able to set up an operation at the Lamco Iron Mine, in Nimba county, and at the Bong Mines.

OTHER ORGANISATIONS

IPPF gives support to the Association.

USAID allocated \$294,000 in 1970 for assistance to 2 population projects. An agreement has been made to train 200 nurse/midwives over a 5 year period, including family planning instruction.

Pathfinder Fund has given assistance to the Association, and sponsored a film on family planning to motivate Liberian women.

Ford Foundation gave travel awards to several Liberians in 1969 to enable them to attend the University of Chicago workshop.

UNFPA has given a fellowship to a Liberian to train in population census planning and demographic research at the US Bureau of the Census.

SOURCES

United Nations Demographic Yearbook 1969

Europa Yearbook 1971

Family Planning Association of Liberia Annual Report 1970

Family Planning Association of Liberia 1972 budget

Clower, Dalton, Harwitz and Walters, 'Growth Without Development: An Economic Survey of Liberia' (Northwestern 1966).



Situation Report

Distribution

Country REPUBLIC OF VIETNAM

Date OCTOBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950		LATEST AVAILABLE FIGURES
Area	170,406	170,906	173,809 sq.kms.
Total population	9,766,000 (1953)	14,100,000	17,867,000 (1969)
Population growth rate	-	3.9%	2.6% (1963-69 average)
Birth Rate	38	35	35 per 1000 (1968)
Death Rate	10.6	18	18 per 1000 (1968)
Infant Mortality Rate	-	-	36.7 per 100 (1965)
Women in Fertile Age Group (15-44yrs)	-	-	-
Population under 15 yrs.	-	-	-
Urban Population	-	-	-
GNP per capita	-	\$91 (1958)	\$120 (1968)
GNP per capita growth rate	-	-	1.7% p.a. (1961-68)
Population per Doctor	-	-	10,560 (1968)
Population per hospital bed	-	-	510 (1968)

GENERAL BACKGROUND

Vietnam came under French colonial rule in the late 19th century and together with Laos and Cambodia, formed the Indochinese Union. The Japanese took over the Government in 1945. The Geneva Agreement of 1954 partitioned the country into two military zones, with the Republic of Vietnam south of the 17° S. latitude. Since then the country has suffered from civil war.

Legislative authority is vested in the National Assembly, consisting of a House of Representatives and a Senate.

The Capital is Saigon with a population of 1,681,839, which is expected to double in 10 years. Over 85% of South Vietnam's urban population live in Saigon.

The average family household comprises 6.2 people.

Overall density in Vietnam is 103 people per square km.

Ethnic Groups

There are significant minorities of Cambodians and Chinese (c.500,000) and some million refugees from the North. The highlanders are racially different from Lowland Vietnamese, and number some 677,000.

Language

Vietnamese. French is still used for higher education and there is a growing use of English, particularly for medical education.

Religion

Taoism (ancestor worship) is the religion of most of the population. Buddhism is widespread and there are almost two million Roman Catholics. There are also important sects such as Cao-Daism and Hoa-Hao.

Economy

The economy is dominated by agriculture. 4/5 of arable land is under rice. Maize, manioc and sweet potatoes are grown as a substitute for rice. Rubber is the principal industrial crop. Fishing provides a valuable supplement to the diet.

Industry is confined to food-processing, light machinery assembly, etc. As a result of the war situation, the economy has declined. Formerly the world's third largest exporter of rice. Vietnam is now a rice importer.

US\$ = 275 piastres.

Communications/Education

There are several radio stations and 1,300,000 radio receivers were in use in 1969, i.e. 73 per 1,000 inhabitants. Television was introduced early in 1966 and there were 375 television receivers in 1968. There were 38 daily papers with a circulation of 214,000 in 1968. In 1967 there were 112 cinemas with a seating capacity of 78,200 and annual attendances of 25.4 million. In 1967 there were 6,532 primary schools, half of them privately owned, and 661 schools and 4 universities.

Medical

Hospital accommodation in 1968 was 33,935 beds in 1,976 institutions. In addition, there were 615 village maternity clinics. There is a pension scheme for state workers. Health services were provided through 1,649 physicians, 117 dentists, 1,395 pharmacists, 3,967 nurses and 2,422 midwives in 1968.

FAMILY PLANNING SITUATION

There is growing interest in family planning and the Association for the Protection of Family Happiness was founded in 1968. Some nurses and

doctors have undertaken overseas training. There seems to be substantial practise of family planning by those who can afford to pay for it. 'The Association for the Protection of Family Happiness' aims to give informational support to the Ministry of Health's efforts in family planning.

History

Several private organisations were set up with the object of improving economic and health status for rural population at the family level. Recognising the critical situation, the Minister of Health and Social Welfare established by his Decree of August 1967, a committee for research into family planning under the Ministry of Health. To study population control, the Minister of Health sought the assistance of the Population Council which sponsored about 40 eminent Vietnamese to make an observation/study tour of population problems in Taiwan and Korea.

In 1968 the 'Association for the Protection of Family Happiness' was formed. It received its charter of approval from the Ministry of the Interior the same year.

The Ministry of Health has requested and received USAID support for its family planning programme. By October 1968 it was operating eight family planning clinics.

Attitudes

Because of the conservative Catholic opinion, family planning activity is cautious and selective. Even so, contraception is regarded as part of private practice without legal interference.

Legislation

Vietnamese Legislature adopted the 1920 French Law of birth control of 1933, and this had made it prudent to use an indirect approach to the population problem.

In April 1968 the Vietnamese Economic Organisation passed a resolution requesting the Legislature to repeal the pertinent Articles of the 1933 Law.

Despite this, contraceptives are imported and only occasionally confiscated.

FAMILY PLANNING ASSOCIATION

Address:

Association for the Protection of Family
Happiness,
395 Hai ba Trung Street,
Saigon,
Republic of Vietnam.

Personnel

President: Dr.N.T.Thuan
Secretary-General: Dr. Tu Uyen

Activities

The Association has fifteen family planning clinics, many of them in government premises. The aim is to have 44 by the end of 1971 (one in each province). The members at Saigon give voluntary service one afternoon a week in the outpatient clinic of the Buddhist Association Health Centre.

Training

The Association works in close collaboration with the Family Planning Study Committee in the training of midwives.

Government

Recognition of the importance of family planning is extending rapidly. The Ministries of Health and Social Welfare are taking an increasingly active interest. Vietnamese representatives attended the IPPF Western Pacific Regional Conference in 1970 and the IPPF South East Asia and Oceania Regional Conference at Baguio City in 1971. It is also a member of the Intergovernmental Co-ordinating Committee on South East Asia Regional Cooperation in Family and Population Planning.

Activities

Services - In 1967, the Ministry of Health established a committee for Research in family planning services in Maternal and Child Health Centres of major cities throughout the country.

Information and Education - is provided to the public through television, press and organised talks. It is also expected that a few exhibitions will be organised in 1971.

The Family Planning Study Committee, in cooperation with the Association, has trained 100 midwives and 20 rural midwives to date. In 1971 the training needs are projected as:

- a) 120 midwives to be trained at 4 courses
- b) 1 M.D. in biostatistics to be trained abroad
- c) 50 doctors to be trained in family planning
- d) establishing training courses for social workers

Others

IPPF - has provided technical assistance and monetary support to training programmes as well as commodity assistance.

USAID - has provided a great amount of technical and other assistance.

CARE - provided for printing of educational booklets explaining contraceptive devices to the Family Planning Association.

Pathfinder Fund - has provided audio-visual materials and other key commodities to a family planning clinic and has assisted the Association in its information programme. In 1970, Pathfinder provided travel grants for two Vietnamese doctors to attend the World Congress on Obstetrics and Gynaecology.

Population Council - has supported travel grants to personnel to observe family planning programmes. It has provided IUD and fellowship support.

The Mennonite Central Committee and the Vietnam Christian Service (Church World Service) - have provided some assistance to family planning.

SOURCES

SEA & O Reports to IPPF Management and Planning Committee.

Population Program Assistance 1970 - USAID.

Europa Yearbook 1971

UN Statistical Yearbook 1970

UN Demographic Yearbook 1969

World Bank Atlas 1970

1971 World Population Data Sheet - Population Reference Bureau, Inc.



Situation Report

Distribution LIMITED

Country SEYCHELLES

Date OCTOBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			376 sq.kms.
Total population	36,000	41,425	51,000 (1969) ¹
Population growth rate	2.8%	3.0%	2.2% (1963-69)
Birth rate	30.5	41.1	33.4 per 1,000 (1969) ²
Death rate			10.9 per 1,000 (1969)
Infant Mortality rate			50.1 per 1,000 (1969)
Women of fertile age (15-44)			8,528 (1960)
Population under 15			38.4% (1960)
Urban population			32% (1970)
GNP per capita			\$70 (1968) ³
GNP per capita growth rate			-0.3% (1961-68)
Population per doctor			4,000 (1966)
Population per hospital bed			140 (1966)

1 Provisional estimate

2 Local estimate

3 Tentative estimate

GENERAL BACKGROUND

The Seychelles is an archipelago of 85 islands in the Indian Ocean. The largest island, Mahe, supports 90% of the total population. Average density is 136 per square kilometre. Seychelles is a British Crown Colony with its own Governor, and Executive and Legislative Councils. There are two political parties, and elections are based on adult suffrage.

Ethnic Groups

The population is composed of descendents of the original French settlers, Africans descended from liberated slaves, Creoles (Mixed), Indian and Chinese.

Language

The official language is English, although the commonly spoken language is Creole, a French patois.

Religion

Nearly the whole population is Christian, about 95% Roman Catholic, and a small proportion of Anglicans.

Economy

Agriculture and fishing are the main sources of employment. Coconuts are of major importance, as well as cinnamon, vanilla, and more recently, tea. Tourism is a growing industry, and is likely to develop as a result of the opening of the first international airport in 1971. Main exports in 1967 in order of importance were, copra, cinnamon and vanilla.

Communications/Education

<u>Mass media:</u>	radio	:	176.4 sets per 1,000 people (1970)
	cinema	:	18 seats per 1,000 people (1967)
	newspapers	:	44.2 copies per 1,000 people (1970)

Mahe, the largest island, has an extensive road system. An international airport was opened in 1971.

<u>School enrolment</u>	<u>Primary</u>	<u>Secondary</u>
1968	8,553	2,166

State education is in English, but is not compulsory. There are 4 technical and vocational training centres, which enrolled 264 pupils in 1968, and one teacher training college.

FAMILY PLANNING SITUATION

There is no Family Planning Association, but an IPPF supported doctor, Dr. Goodall, is providing family planning services. Four clinics are now in operation, the main one in Mahe, and 3 sessional clinics, 2 on the island of Praslin, and one on La Digue. The Roman Catholic Church continues to oppose family planning, and hopes that the government might move towards supporting family planning integrated in the health services have not yet been realised.

L'Action Familiale, a Roman Catholic organisation teaching the rhythm method, has recently begun operations.

History

The present project arose out of events in 1964, when the Governor, who was then a Roman Catholic, issued a directive prohibiting instruction in contraceptive use in the islands' medical services. The main justification for this action was that over 90% of the Seychellois were Roman Catholic. After questions had been asked in the British House of Commons, a scheme was devised whereby the International Planned Parenthood Federation agreed to administer a grant made by the Ministry of Overseas Development to set up family planning services. Dr. Enid Goodall was appointed in 1965 to undertake this work. In the same year

a clinic was opened in Mahe, and by 1969 two sessional clinics were operating on Praslin. Progress has been in service rather than propaganda, in view of the Catholic hierarchy's opposition to the use of contraceptives.

The Ministry of Overseas Development grant ceased in mid-1970, and IPPF took over the role of financing the project.

L'Action Familiale started operations in May 1971.

Legislation

There is no anti-contraceptive legislation, but sterilization and abortion are not permitted.

Services

Family Planning services are available in the main clinic in Mahe, while 3 other sessional clinics operate on Praslin and La Digue. The Praslin clinics see an average of 30 clients each per month. A trained nurse/midwife who lives on the island is in charge. The Mahe clinic is open every day from 8 a.m. to 4 p.m. except Saturday and Sunday. Clinic staff include a Medical Officer, an administrative sister, and 3 other nurses.

An average of 870 clients are seen per month, of which about 580 are seeking family planning advice. In 1970 there were 147 new acceptors for injectables and 276 for the oral pill. IUDs are not used partly because of the prevalence of gonorrhoea and partly because it is considered as an abortifacient in Roman Catholic circles. Sterilization is against the law. 4 infertility patients were treated in 1970. There has continued to be an upward trend in attendances in 1971. It is estimated that IPPF clinics cater for approximately one third of the women at risk in the Seychelles.

Information and Education

Pamphlets in English, French and Creole are distributed, but information and education activities are not emphasised for fear of provoking adverse church reaction. Most information material is supplied from IPPF Regional Office in Nairobi. At the government's request, the Regional Information and Education Officer visited the Seychelles in September 1971 to advise on plans to draw up a family planning campaign.

Training

There are plans to send 2 Seychelloises to Nairobi in 1972 to train as fieldworkers.

Plans

It is hoped to set up a float for the 1972 Festival of Seychelles.

Government

The Government's invitation to the Regional Information and Education Officer in April 1971 to visit the Seychelles and advise on the setting up of a family planning campaign was an encouraging sign that a move might be made towards a government sponsored programme within the

health services. A Family Planning Advisory Committee has been established, but the position is still uncertain. An influential Catholic lobby continues to oppose family planning in the Seychelles.

IPPF

IPPF now supports Dr. Goodall, whose contract runs until the end of 1972.

SOURCES

UN Demographic Yearbook 1969

Europa Yearbook 1971

Dr. Goodall's report to IPPF Jan-Dec 1970.

IPPF 1972 budget

Report of visit to Seychelles, September 1971, by Regional Information and Education Officer.

Contact

Dr. Enid Goodall
Box 245,
Victoria,
Mahe,
Seychelles.



Situation Report

Distribution LIMITED

Country

TAHITI (FRENCH POLYNESIA)

Date

NOVEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			4,000 sq.kms. [†]
Total Population	61,000	80,000	100,000 (1969 est) [*]
Population growth rate			3.1% (1963-69) [*]
Birth Rate	42.4	54.1(1961)	54.1 per 1000
Death Rate		12.2(1961)	12.2 per 1000(1961) [*]
Infant Mortality Rate		100.3(1961)	N.A.
Women in Fertile Age (15-44yrs)			16,873 (1962) [*]
Population under 15			44%
Urban Population b			n.a.
GNP per capita			US\$1420 (1968) ⁺
GNP per capita Growth Rate			10.7% (1961-68 average) ⁺
Population per Doctor			1790 (1968) [†]
Population per hospital bed			120 (1967) [†]

[†] UN Statistical Yearbook 1970

^{*} UN Demographic Yearbook 1969

⁺ World Bank Atlas 1970

GENERAL BACKGROUND

French Polynesia covers a vast area of small islands. Tahiti is the main island of the Isles du Vent. Education is based on the French system, as French Polynesia is an overseas territory of France. Capital is Papeete with a population of 22,278. Average size of household is 5.0.

Ethnic Groups

Polynesian - 70,000; Asiatic - 8,000; European - 2,000 (1960).

Religion

55% Protestant; 30% Roman Catholic.

Language

Tahitian. The official language is French.

Medical

In 1967 there were 31 hospital establishments and in 1968, 57 physicians, 18 dentists, 3 pharmacists, 212 nurses and 25 midwives.

Communications

In 1968, there were 40,000 radio receivers in use, i.e., about 400 per 1000 population. In 1969, there were 3 cinemas with seating capacity of 1700, and 3 daily newspapers with a circulation of 8000, i.e., 79 per 1000 population.

FAMILY PLANNING SITUATION

Two voluntary associations for family planning have recently been formed.

Family Planning Associations

Comite pour le Planning Familial de la Polynesie
Francaise (formed July 1969)
"Te Utuafare Oaoa",
c/o Service d'Hygiene Territorial de la Polynesie
Francaise,
Papeete,
Tahiti.

President:	Mme. A. de Balmann-Tourneux
Vice-Presidents:	M. A. Ellacott Mme. T. Le Gayic
Treasurer:	Mme. Builles
Secretary:	Mme. Rousselin

Mouvement Polynésien pour le Planning Familial
(formed in 1968),
B.P. 676,
Papeete, Tahiti.

President:	Mme. Arlette Viale-Dufour
Secretary:	Mme. Luciani
Treasurer:	Mme. Faugerat-Lynch

MPPF has a centre at 3, rue de la Canonniere Zelee, and the services include contraception and sex education.

Government Attitude

Tahiti is a French overseas territory, for which Section VI of the new French law enables local government to pursue positive family planning policies.

Training

35 doctors and four nurses were trained in Family Planning by Te Utuafare Oaoa.

Education

No information.